SKYPORT

L.F. WADE INTERNATIONAL AIRPORT

VISITOR PASS APPLICATION FORM

PLEASE COMPLETE THE FORM IN ITS ENTIRITY ELECTRONICALLY

This form must be submitted to Skyport Aviation Security Office, **no later than 48 hours** for date in which pass is intended and prior to visitor arrival.

SECTION 1: APPLICANT DETAILS

First Name:	
Middle Name:	
Last Name:	
Date of Birth:	☐ **Mr.** ☐ **Mrs**. ☐ **Ms.** ☐ **Miss**. Other: _____
Residential Address:	
Home Phone #:	**Work Phone #:** **Cell Number**
Email Address:	
Employer:	
Job Title:	

SECTION 2: PROOF OF IDENTITY (please provide a colour copy of a valid Government ID as indicated below)

Passport Number:		**Expiration Date:**	
Drivers Licence Number:		**Expiration Date:**	

SECTION 3: REQUESTING ENTITY DETAILS

Entity:	
Address:	
Authorised Signatory:	
Job Title:	
Contact Number:	**Email Address:**
Reason for Visit:	
Start Date:	

Note:
1. This pass is to be used for visits/meetings only. Use for working is strictly prohibited.
2. This Visitor Pass is valid for the date of issue only (one day) and must be returned at the end of each day.
3. All dates must be provided in the dd/mm/yyyy format.

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Terms and Conditions of Use

Skyport requires the information on this application form to meet the requirements of the Aviation Security and Piracy (Overseas Territories) Order and OTAR Part 178. Personal data may be disclosed to Police and other Control Authorities in the interest of national security and for the prevention and detection of crime.

APPLICANT'S DECLARATION

I confirm that the information contained in this application form is complete and accurate.

I must always be accompanied by the holder of a permanent (unescorted) pass holder when in the Airside or a Restricted Area at the airport.

I agree that the pass will only be used for the purpose it was issued and is not transferable to another person at any time.

I understand that the pass is only valid for the day of issue and must be returned to the Pass Office by the end of the day of issue.

I agree that the loss or theft of my Visitor Pass will be reported immediately to the Aviation Security Office or my employer.

I agree to abide by the terms and conditions of the issue and have been made fully aware of my responsibilities as a visitor pass holder. I understand that failure to comply with airport by-laws, directives, instructions and safety and security notices may result in withdrawal of my pass.

Signature:		Date:	

AVIATION SECURITY OFFICE USE ONLY

Pass issued? YES ☐ **NO** ☐ (if no, please indicate below)   **Number**: _____

☐ Failed background check.
☐ Prior abuse of Pass privileges.
☐ Prior unsafe activity within the Airport.

Issued By: _____   **Position:** _____

Date Issued: _____   **Date Returned:** _____